

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16502

FILED JUN 9 1944

Registration District No. ....

Primary Registration District No. ....

State File No. ....

Registrar's No. 4990

1. PLACE OF DEATH: 318  
(a) County St. Louis MO.  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1811 S. 14 th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
in this community years, months or days)

3. (a) PRINT FULL NAME Herman H. Kramer  
3. (b) If veteran, name war No.  
3. (c) Social Security No.

4. Sex Male 0 White 5. Color or race  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Eleanor Baumer Kramer  
6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased 6 - 31 - 1900  
(Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 8  
If less than one day hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Dairy Driver

11. Industry or business Lafayette Dairy

12. Name Herman Kramer

13. Birthplace St. Louis MO.  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Ollinger

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eleanor Kramer

(b) Address 3243 Iowa Ave.

17. (a) Burial (b) Date thereof 6 - 1 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul Cem.

18. (a) Signature of funeral director J. F. Brudeak

(b) Address 3819 S. Grand Blvd.

19. (a) Date received from registrar MAY 31 1944 (b) Registrar's signature

2. USUAL PLACE OF DECEASED: 1003  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3243 Iowa Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 29  
year 1944 hour 14 P.M. minute M.

21. I hereby certify that I attended the deceased from  
19 to 19

that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Right Coronary Thrombosis  
Chronic Interstitial Nephritis

Due to  
Due to

Other conditions  
(Include pregnancy within months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 3

23. Signature (M. D. or other)

Address Date signed 5/31/44

JUN 19 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Signed.....

Registered Apprentice No.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.